



LOCAL EMERGENCY PHONE CONTACT LIST FOR NTNC & TNC PWS

To be updated annually and a copy submitted to NHHS R&L. System retains original for their records.

NAME OF SYSTEM: _____ **County:** _____ **PWS ID#: NE31** _____

System Daytime Phone: _____ Fax: _____ E-mail: _____

If System Purchases Water from Another System, Provide Name of the Supplier: _____

Supplier Phone: _____ **Fax:** _____ **Alternate:** _____

System's Designated Operator in Charge: _____ Home: _____

24-Hour Emergency Contact Number for the System: _____

Back-up Operator(s): _____ Home: _____

HHSS-R&L Field Rep: _____ Phone: _____ Cell: _____

HHSS-R&L (Lincoln): Doug Woodbeck, Program Manager, Field Services Phone: (402) 471-0521
 Howard Isaacs, Program Manager, Monitoring & Compliance Phone: (402) 471-0930
 Jack Daniel, Administrator, Environmental Health Services Phone: (402) 471-0510

Owner or Board Chairperson: _____ Phone: _____

Manager: _____ Phone: _____

County Sheriff: _____ Phone: _____

Police Chief: _____ Phone: _____

Fire Chief: _____ Phone: _____

County Board Chairperson: _____ Phone: _____

Local Health Department or Official: _____ Phone: _____

Local Civil Defense or Emergency Response Office: _____ Phone: _____

Served by _____ Red Cross Chapter Phone: _____

Electric Utility: _____ Phone: _____

Gas Utility: _____ Phone: _____

Well Maintenance Company: _____ Phone: _____

EMERGENCY CONTACTS

Nebraska Rural Water Association – Wahoo, NE

Randy Hellbusch

Russ Topp

Barney Whatley

League of Nebraska Municipalities, Utilities Section – Lincoln, NE

Midwest Assistance Program

Art May - Walthill, NE

Tim Rutledge - Humboldt NE

Mike Boyd - Gering, NE

Phone: (800) 842-8039

Cell Phone: (402) 443-8535

Cell Phone: (402) 480-4196

Cell Phone: (402) 480-4297

Phone: (402) 476-2829

Phone: (402) 846-5123

Phone: (402) 862-3227 Cell: (402) 239-8392

Phone: (308) 436-2700

SYSTEM INFORMATIONDo wells have water meters: ☐ Yes ☐ No

Total Service Connections: _____ Residential: _____ Commercial: _____ Industrial: _____

Are service connections metered: ☐ Yes ☐ NoLocation of Well(s) (ie. 50 feet north of store, etc. Include well ID #): _____

Total number of water storage tanks: _____

Type of water treatment provided, if any: _____

Well capacity for each well: _____ GPM

Number of active wells: _____ # of Inactive wells: _____ # of Emergency wells: _____

Submitted By: _____ Title: _____ Date: _____

Mail or e-mail to: HHSS Regulation & Licensure
Environmental Health Services
P.O. Box 95007
Lincoln, NE 68509-5007
randy.fischer@hhss.ne.gov
Phone: 402/471-1007
24-Hour Emergency Contact #: 402/499-6922